

EDITORIALS

**JAMES H. PARKINSON
SAXTON TEMPLE POPE**

Two families are desolate; physicians, patients, friends—thousands of each—are bereaved, and all citizens of California and many beyond mourn the passing of James H. Parkinson of Sacramento and Saxton Temple Pope of San Francisco.

Doctor Parkinson had been for many years a councilor and for several years chairman of the Council of the California Medical Association. Doctor Pope had been executive officer of the Association and a councilor. But the great work of both was in their service to the frail and suffering.

Both were leaders among men; general practitioners in the best sense of that phrase; worthy, useful citizens and, above all else, men. Biographical sketches by friends are published elsewhere in this issue.

THE HOSPITAL CRISIS IN ENGLAND

Conservative medical and more general publications in England designate their hospital situation as a crisis—an economic, social and health crisis. As many of our hospital and health problems are quite similar to theirs, but as yet are less acute, and because we are traveling along the same road they have traveled, it may be helpful to notice their problems and what they are attempting for their solution.

England is the most completely institutionalized country in the world as relates to the care of dependents or those partially dependent because of ill health. There is a hospital or, perhaps more accurately expressed, an institutional bed for medical care for each 100 people, including the entire population of 38,000,000. Their hospitals are divided between government (local and general) and voluntary hospitals. The voluntary include public and private of several classes similar to those we have. As with us, many of those operated by local governments and particularly for the poor are not popular with the class of people they are designed to serve.

In an attempt to correct this situation, and at the same time to assist the voluntary hospitals with their finances, there has gradually grown up during the years a custom by which the government pays part or all the costs of service to certain classes of dependent and semi-dependent sick in the voluntary hospitals.

Even before the war their first disastrous step was taken when they passed a compulsory health insurance law modeled upon that of Germany. Under this law certain classes of people under certain conditions were compelled to pay a certain amount of their wages into a common government sick fund. When beneficiaries under the law were ill they were supplied service by doctors appointed by the government, and paid miserable wages or fees out of the government sick fund, a practice analogous to what is called lodge practice, hospital association or health association practice in this country. In its

effect this law not only branded people into classes as definitely as cowboys brand cattle, but it also branded the doctors and other agencies of health as well. A certain percentage of the doctors accepted service under this law and consequently accepted the small fees from patients who had no choice but to accept a service unsatisfactory alike to patient and doctor. Other physicians continued to serve their patients exclusively upon the basis of private arrangements.

Under the stringency of the war and the newer ideas of the equal rights of all citizens that grew out of the war, panel patients began to demand more and better hospital and medical service and they demanded that all evidence of discrimination be removed from them and that they be given the right of a personal choice in doctors, hospitals and other health agencies. These demands, and the large increase of illness and injury, forced the health problem to the front as one of the government's major problems.

After a restudy of their problems the government decided apparently that the doctors were the least dangerous link in their chain and they therefore reduced their already ridiculously low fees. But for once the worm turned; the panel doctors, as they are called, had also learned a lesson from Germany and they decided to refuse the cut and enforced their position by a strike, if you please, just as the panel doctors of Germany were on strike for similar reasons when the war broke out. After months of wrangling a patched-up truce was arrived at by the government compromising with the doctors as regards pay and extending somewhat the right of choice of doctor by the patients.

The hospital service became so financially embarrassed that something had to be done, and a largely attended conference was held by representatives of physicians, labor, hospitals, government, and other organizations. During the conference every agency presented its wishes and conclusions.

Mr. Somerville Hastings in speaking for labor said that "there had hitherto been in this country a very wealthy class and a poverty-stricken class, but in the future conditions would be such that the poor would depend less on the bounty of the rich, and probably the rich might have less to give. Experience had shown that social movements in the experimental stage were best managed by voluntary effort, but when such a movement became a necessity it was better to look for support to a central or a local authority." Continuing, this speaker contended "that payments by patients tended to act as a deterrent or to rob the poorest of the necessities of life and threatened to change hospitals into nursing homes for the middle classes. Workmen might be in this way contributing toward the cost of treatment of men better off than themselves. He did not doubt that people who were very poor considered it a disgrace and would suffer anything to hide it. Put very bluntly, he believed a man had only to be a good liar and dress poorly to enter any hospital, whatever his riches might be.

"The only way out of this impasse was for the state to shoulder the responsibility of providing medical treatment for all who needed it. Labor looked upon health as a national concern, and saw the

danger of leaving it to charity or private enterprise; it desired treatment centers to be set up in outlying districts, local or cottage hospitals in the smaller towns, county hospitals conveniently situated, and national hospitals in the chief cities. It would organize intimate co-operation between all hospitals and, where necessary, make easy transfer from one to another. This would have to be evolved by stages. Poor-law infirmaries should be taken over by local health authorities and converted into first-class general hospitals for use without the taint of pauperism. Many of the country mansions now being offered for purchase would make good convalescent homes."

Another side of the question was emphasized by Viscount Knutsford when he said: "If hospitals were controlled by the state there would be no grace added to the duty, none of that spirit which added beauty to duty. The voluntary hospitals had brought to the sick the best medical attendance and nursing in the world. The recent committee of twelve eminent men took evidence about voluntary hospitals and stated it would be lamentable if by our apathy and folly it was suffered to fall into ruin, and they recommended a grant of a million pounds, which a parsimonious government reduced by a half. *All the progress in medicine and surgery had emanated from the voluntary hospitals; public or state-managed hospitals could not have approached such a record.* If there was pressure work at voluntary hospitals it was done; there was no question of 'down tools,' or thought of overtime; no doctor worked with his eye on the clock. To thank a surgeon for coming down to the hospital at midnight to perform an urgent operation would be to insult him. The spirit in regard to those who came to their doors was not 'what do you want?'; it was 'what can we do for you?' and the object was to do it in the kindest way possible."

In discussing remedies the speaker said that "he would have taken off the income tax figures all contributions to hospitals, and a similar deduction should be made from death duties. *The general practitioner should be helped, not harmed.* Surely the best plan was to strengthen what was admittedly good, rather than to change to a system which history did not support. *State management would satisfy nobody.*"

On behalf of the panel doctors a speaker said that "he hoped the libel would be put to rest that directly a doctor became a public servant he lost his better feelings. The Labor Party would go a long way toward placing the management of the hospitals in the hands of the doctors themselves."

Dr. John Buchan believed that "the hospital problem in its present form owed its origin to four factors: (1) an increasing urbanization of the population, with a deterioration of the living conditions and an incoming of many serious cases of illness requiring hospital treatment; (2) the awakening of the health conscience of the people, causing a demand for further hospital provision; (3) more care and thoughtfulness in the means for the relief of poverty; (4) the increasing improvement and complexity in medical and surgical science, bringing within scope of the hospital many cases which previously could be treated at home. A way out of the heavy demand was found in the establishment of

rate-aided hospitals, and the work of these had so extended during fifty years that they now provided 75 per cent of the hospital accommodation of the country."

At the close of the three-day conference, perhaps the largest and most widely representative hospital conference ever held anywhere, the following resolutions were adopted:

"1. The accommodation, equipment, and finance of hospitals generally are inadequate and must be supplemented.

"2. The geographical distribution of hospitals is uneven, leading to overlapping and the lack of co-ordination. The unit of such co-ordination should be such as to include a sufficiently large population.

"3. There should be a closer relationship between voluntary hospitals themselves, between the voluntary hospitals and the various hospitals provided by local authorities, between the curative and preventive medical services, and between the hospitals and the private medical practitioner.

"4. Some form of public assistance is essential if a complete and adequate hospital system is to be maintained, and developments should be directed to preserving what is best in the present voluntary system.

"5. The infirmaries at present operated under the Poor Law should be thrown open to all citizens and removed from all taint of the Poor Law."

There is food for serious thought in this review, particularly as England's acute problems were reached by traveling over the road on which we are following.

THE FEAR OF HEART DISEASE

Letters from physicians tell us that the propaganda about the enormous prevalence of heart disease is being carried too far; that otherwise sane people, particularly mothers and school children, are getting a "heart consciousness" phobia or "fear complex" that is not calculated to serve well the cause of health. A prominent physician and medical teacher asks us to correct some of the "nonsense" that is being published about diseases of the heart. Other doctors claim that some of their patients are leaving them to consult heart specialists, cardiologists, clinics, and health centers whose publicity seems to indicate that they have special knowledge about heart trouble.

Heart disease is, and always has been, a serious malady. It takes many lives and cripples many more. Any intelligent physician can make a diagnosis with sufficient accuracy of any heart disease—*but no one else can.* Any educated physician can give good treatment, including advice—*no one else can.* Any educated physician can arrive at the cause of the trouble in the vast majority of patients with a fair degree of accuracy—*no one else can.* Any physician can do any and all these things in his office, the patient's home or elsewhere. He does not, except in rare instances, need any elaborate or special equipment. What he does need, what the patient needs, and what the patient cannot get in any other way, is the personal service of the physician.

The cause of health will not be permanently served by swelling heart disease statistics by including in them the functional disturbances incident to